PATENT

450100-03200



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

: Hideyuki Agata, et al.

Serial No.

09/844,563

Filing Date

April 27, 2001

For

INFORMATION PROCESSING APPARATUS AND

METHOD AND PROGRAM AND PROGRAM

STORAGE MEDIUM

Examiner

Truc T. Chuong

Group Art Unit

2179

Confirmation No.

3012

745 Fifth Avenue New York, NY 10151

I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to: Mail Stop Amendment, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on June 7, 2005.

Thomas F. Presson, Reg. No. 41,442

(Name of Applicant, Assignee or Registered Representative)

June 7, 2005

Date of Signature)

AMENDMENT UNDER 37 C.F.R. § 1.121

Mail Stop Amendment Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450

Sir:

In response to the Office Action mailed on March 10, 2005, having a three-month statutory period for response set to expire on June 10, 2005, please amend the above-identified application as follows.

-1- 00285563

Amendments to the Claims are reflected in the listing of claims which begins on page 3 of this paper.

Remarks/Arguments begin on page 9 of this paper.

-2- 00285563



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JUN 0 9 2005	IN THE UNITED STATE	S PATENT	Γ AND TRADE	MARK OFFICI	<u>E</u>		
	: Hideyuki Agata	, et al.					
Aponcant(s) Serial No.	: 09/844,563						
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Examiner	: Truc T. Chuong	Ş					
Art Unit	: 2179						
		745 Fifth Avenue New York, NY 10151 Tel: 212-588-0800					
Mail Stop Amendment Commissioner for Pate P.O. Box 1450 Alexandria, VA 22313	nts						
Dear Sir:							
No add The fee The fee	erewith is an amendment in the litional fee is required. c has been calculated as shown an application of a small entity	below.	••		n in parentheses	s apply.	
	C	Claims as A	mended				
(1)	(2) Claims remaining after amendment	(3)	(4) Highest number previously paid for	(5) Present extra	(6) Rate	(7) Additional Fee	
Total claims	18	Minus	** =22	* 0 x	\$50 (25)	= \$ 0	
ndependent claims	3	Minus Total add	*** =4 ditional fee for th	* 0 x	\$200 (100)	= \$ 0 \$ 0	
** If the highest number *** If the highest number ***	mn 2 is less than the entry in Co er of total claims previously pai er of independent claims previo ntains a multiple dependent clai	id for is less ously paid fo	than 20, write "or is less than 3, w	20" in this space. write "3" in this s	space.		
This response is bei petition to request a	ng filed within the month f	ollowing the A check cov	e expiration of the	ne term originally the petition is en	set therefor. Tuclosed.	his is a	
A check in the amou	unt of \$ is attached, which co	overs the co	st of addition	al claims pet	ition for extensi	ion of time.	
Charge \$ to Dep	osit Account No. 50-0320.						
No. 50-0320.	dditional fees incurred by reaso	n of this res	sponse or credit a	ny overpayment	to Deposit Acc	ount	
he United States Postal Ser ddressed to: Mail Stop An	respondence is being deposited with vice as first class mail in an envelopmendment, Commissioner for Patra, VA 22313-1450, on June 7, 2005	pe ents,	Respectfully		HALIGITP		
Thomas F.	Presson, Reg. No. 41,442		FROMMER LAWRENCE & HAUG LLP Attorneys for Applicants				
Name of Applicant, A	ssignee or Registered Representati	ve	•	71		0	
The second	7/		By:	Spones	J. /n	esson	
-X'llemas	Signature	· 		nas F. Presson No. 41,442			
		212-588-0800					

Date of Signature